



**WEEKLY REQUEST FOR ASSISTANCE (DISASTER RELIEF ACT OF 1974)**

State Form 53669 (6-08), ETA 83  
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

CONFIDENTIAL RECORD Pursuant to IC-22-4-19-6, IC 4-1-6

FOR OFFICE USE		
1. Primary DOT Code	2. SIC Code	3. Local Office No.
4. Disaster No.	Disaster Date	Disaster Announcement Date
FDAA.....DR		

Applicant's Name (Last, First, Middle)	Date of Birth (Mo., Day, Yr.)	Social Security Number
Address (No. Street, City, County, State, Zip Code)	WEEK CLAIMED	
	BEGINNING (must be a Sunday)	ENDING (must be a Saturday)

**A. APPLICANT REQUEST**

For the week claimed above, answer the following questions by checking the appropriate box. If the answer to questions 2a and 2b is "Yes", complete the information requested in the space to the right of the question).

1. Did you perform any work for another person, or engage in self-employment during the  Yes  No week? (If yes, enter the dates the work was completed, the number of hours worked per day, and your gross earnings for the week (net earnings if self-employed))

DATES WORKED	HOURS WORKED	EARNINGS

2. a. Did you apply for or receive:

(1) Unemployment benefits (state or federal)?  Yes  No

(2) Any payments for loss of wages due to illness or disability?  Yes  No

(3) Any type of private income protection insurance?  Yes  No

(4) Any amount as a supplemental unemployment benefit (SUB)?  Yes  No

b. Were any amounts payable to you from any retirement, pension or annuity under a public or private plan or system?  Yes  No

3. Were you able and available for work during each of the week claimed above?  Yes  No

4. Did you accept all work offered during each of the week claimed above?  Yes  No

TYPE OF EACH PAYMENT AMOUNT	PERIOD COVERED	
	From	To

**C. APPLICANT CERTIFICATION**

I CERTIFY that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the Act. I HAVE BEEN FURNISHED a statement required under the PRIVACY ACT of 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

SIGNATURE OF APPLICANT	DATE (Month, Day, Year)

**C. STATE AGENCY DETERMINATION**

<input type="checkbox"/> Amount of DUA Payment Authorized for the Week: \$ _____	Reason for Determination
<input type="checkbox"/> DUA Reduced or Denied for the Week Claimed Above.	
<input type="checkbox"/> DUA Termination Date: _____	
SIGNATURE OF STATE AGENCY REPRESENTATIVE	DATE AUTHORIZED (MONTH, DAY, YEAR)

**D. APPEAL RIGHTS**

If you disagree with the determination indicated above, you have the right to reconsideration and appeal. You may appeal this determination and request a hearing before an Administrative Law Judge by filing with this local office a written request on DWD Form 601, or in such other manner as prescribed by the Unemployment Insurance Board on or before \_\_\_\_\_.